



**Office of the Staff Judge Advocate
Stuttgart Law Center
Claims Office**

**FILING A CLAIM FOR POV
SHIPMENT RELATED LOSS OR DAMAGE
Call DSN: 421-4597/2473 or Civ: 0711-729-4597/2473**

The Claims Office is located at the Stuttgart Law Center, Kelley Barracks, Building 3312, Room 222. Claimants are seen on an appointment basis from 09:00am – 04:30pm on Mondays, Tuesdays and Fridays. On Wednesdays, claimants are seen on a first come, first served walk-in basis. Please call for appointments or information or send an email to heike.dragicevic@cmtymail.6asg.army.mil.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

GENERAL INFORMATION:

Your POV claim must be filed within two years of the date you pick up your car. The time limit is set by statute.

2. By statute, only **service members** or **Government employees** can file these types of claims. As an exception, a representative may file on your behalf using a Power of Attorney; a spouse may file using a Power of Attorney or a specific written authorization. The claim settlement check still goes to the sponsor. An example of a written authorization: *"I, SPC John Doe, 555-55-5555, hereby authorize my wife, Jane Doe, (SSN), to file a claim against the U.S. Government on my behalf for damage to my vehicle (year, make, and model)." (Signed) (Date).*

HERE'S WHAT YOU NEED TO FILE YOUR CLAIM:

Complete the forms online or neatly in ink. The more information you provide, the quicker we can adjudicate your claim.

- 1. **Vehicle Inspection and Shipping Form** (copy you obtained from shipper)
- 2. **Vehicle registration** (we can make a copy)
- 3. **PCS orders authorizing shipment of POV** with all amendments
- 4. **Inspection by Claims Office.** Obtain this **before** getting an estimate or repair
- 5. **Estimate of Repair.** A reasonable estimate fee will usually be paid, unless it is reimbursable upon repair. (See section **HOW TO SUBSTANTIATE YOUR CLAIM**)
- 6. **DD Form 1842**, Claim for Loss or Damage to Personal Property (see attached sample)
- 7. **DD Form 1844**, List of Property and Claims Analysis Chart (see attached sample)
- 8. **Power of Attorney**, if applicable

NOTE: DO NOT OBTAIN A "GUTACHTEN" (APPRAISAL) OR A "KOSTENVORANSCHLAG" (COST ESTIMATE) UNLESS INSTRUCTED BY THE CLAIMS EXAMINER. IF THERE HAS BEEN NO AUTHORIZATION, YOU WILL NOT BE REIMBURSED FOR THE FEE.

HOW TO SUBSTANTIATE YOUR CLAIM:

ESTIMATES MUST BE ITEMIZED. THE DAMAGE TO EACH AREA OF YOUR VEHICLE MUST BE SEPARATELY DESCRIBED ON THE ESTIMATE.

For example, the cost of repair for damage to the hood, fender, door, trunk, etc. should be itemized. The estimate must list each repair to be done, and itemize each cost for **labor, materials, spare parts, tax**, and the estimate itself. Submission of an estimate which lists repair costs in a lump sum will not be accepted. Only estimates by qualified repairmen can be accepted.

ADDITIONAL INFORMATION:

1. If you have **private insurance**: You do **NOT** have to file and settle with your insurance company before making a claim against the Government if your claim is for a loss or damage to your POV while it was being transported or stored at Government expense. You may not be paid by the Army and your private insurance. However, if you filed with your insurance, please provide the claims office with your insurance policy, the settlement agreement letter and the adjudication notes from your insurer. (see attachment 'Army claims policy on private insurance')
2. Transit damage that was noted on the back of the Vehicle Inspection Form at the time of pick-up will be considered for payment.
3. The cost of repair cannot exceed the value of the POV.
4. List each area of damage as a separate line item on DD Form 1844; ask whoever prepares your estimate to have the estimate correspond as closely as possible to the specific line items.
5. Value Added Tax (Mehrwertsteuer). You will normally not be reimbursed for the German Value Added Tax. You can get tax relief forms at the community Tax Relief Office **before** paying your bill.

ALWAYS REMEMBER: YOU HAVE 2 YEARS FROM THE DAY OF DELIVERY TO FILE YOUR CLAIM. ALL YOU NEED TO MEET THE TWO YEAR DEADLINE IS TO SUBMIT A WRITTEN DEMAND FOR PAYMENT, SIGNED BY YOU OR AN AUTHORIZED ELECTRONIC DEMAND. THE DEMAND DOES NOT NEED TO STATE A SPECIFIC AMOUNT.

INSTRUCTIONS FOR FILLING OUT DD FORM 1842

This is the form on which you will actually make a demand against the Government for a specific sum of money. Its purpose is to give details as to why and how the damage or loss occurred. You need to submit one original written in ink. The amounts **MUST be in Dollars**. For any **Euro** amount, please leave blank. The person who takes in your claim will convert the Euro amount to Dollars.

1-8. IDENTIFYING DATA: Self-explanatory. Note that Block 5 should be your quarters address and Block 6 should be your mailing address, which in most cases means your duty address.

9. AMOUNT OF CLAIM: Leave blank if you have any amounts in **Euros** (This will be computed using the conversion rate on the day you file your claim at the claims office).

10. DATE, PLACE, FACTS AND CIRCUMSTANCES OF INCIDENT: For a POV shipment claim, your form should be pre-printed and all you need to do is fill in the blanks. If this block is empty, use the format on the sample to complete it.

11-15. QUESTIONS: leave blank.

16-18. SIGNATURE: Do not sign and date the form until you are in the presence of claims personnel. You are making an official statement.

Please also read the reverse side of DD Form 1842

If you have any questions concerning the completion of this form, call the claims office at DSN 421-4597/2473.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.	2. BRANCH OF SERVICE Army	3. RANK OR GRADE SGT	4. SOCIAL SECURITY NUMBER 000-99-2222
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5. HOME ADDRESS (Street, City, State and Zip Code) Robinson Barracks Bldg. 666 Apt 77 Stuttgart	6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CMR 480 Box 999 APO AE 09128
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7. HOME TELEPHONE NO. (Include area code) 0711 - 729- 4597	8. DUTY TELEPHONE NO. (Include area code) 421-2473	9. AMOUNT CLAIMED <i>Leave blank if in €</i>
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10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

On 01 January 2005, I turned in my POV to the port at (port of turn-in), with exceptions noted on the vehicle inspection and shipping form at that time.

I picked up my POV from (pick-up point) on 15 February 2005 with the additional damages noted on the reverse side of the vehicle inspection and shipping form. The estimate of repair submitted for these damages is not inclusive of any prior damage.

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
	E	K
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)	V	N
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)	A	A
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	E	L
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	L	B

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (for designated agent) <i>if possible, please sign and date in presence of claims personnel</i>	18. DATE SIGNED (YYYYMMDD)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		

21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)

a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) On _____, I turned in my POV to the port at _____, with exceptions noted on the vehicle inspection and shipping form at that time. I picked up my POV from _____ on _____ with the additional damages noted on the reverse side of the vehicle inspection and shipping form. The estimate of repair submitted for these damages is not inclusive of any prior damage.			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (YYYYMMDD)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (<i>X if applicable</i>) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
26. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS FOR FILLING OUT DD FORM 1844

This form provides detailed information on the damage to your POV and/or loss of items from your POV. A decision on how much to pay you is based primarily on the information you supply on this form, so you should complete it very carefully.

1. Self-explanatory.
2. **NAME OF INSURANCE COMPANY AND POLICY NUMBER:** If you had private insurance on your POV while it was in transit (being shipped), enter the insurance company's name and policy number.
3. **PICKUP DATE:** When did you pick up your vehicle?
4. **DELIVERY DATE:** When did you drop off your vehicle at the port?
5. **LINE NUMBER:** This is simply the sequence number. Start with "1" and number each line item.
6. **QUANTITY:** List the number of items claimed on this line, e.g. *4 tires, 2 speakers, etc.*
NOTE: Do not list different types of items on the same line.
7. **LOST OR DAMAGED ITEMS:** List the make, model, year, and mileage of your POV on the first line followed by a specific description of the damage.
EXAMPLES:

Line No. 1 2004 BMW 325I, 1,500 miles.

Line No. 2 Front Right Bumper has a walnut size dent.

Line No. 3 Front Right Headlight Shattered...etc, etc, etc.
8. **INVENTORY NUMBER:** There is no inventory number, do not fill this portion in.
9. **ORIGINAL COST:** This is the price you originally paid for the POV or for parts you need to have replaced. If the item claimed was purchased as part of the car originally, leave this space blank.
10. **MONTH/YEAR OF PURCHASE :** This is the date you purchased your POV or additional items that were added to your POV (i.e. you purchased a CD player, but not as a part of the original POV cost, place this on it's own line). If the item claimed was part of the original POV purchase, leave this line blank.
11. **REPAIR COST:** This is based on an estimate attached to your claim, or for very minor damage (less than \$100) an agreed cost of repair arrived at after discussion with claims personnel.

REPLACEMENT COST: Where an item is lost or irreparably damaged, you will claim an amount here. Generally, anything valued at more than \$100, and possibly some things of lesser value, will require written verification. If you are not told which items to substantiate, please ask before you prepare your claims packet.
12. **TOTAL AMOUNT CLAIMED:** If you have more than one page, the grand total should appear at the bottom of the last page. The total must be in Dollars. If you have a figure in Euros, leave this block blank. Claims personnel will convert the **Euro** amount to **Dollars** when you file your claim.

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.			3. PICK-UP DATE (YYYYMMDD) 20050101		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)								
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD) 20050215		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR		
a. NAME USAA Insurance		b. POLICY NO. 123456789											
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER
1	1	96 FORD MUSTANG, 180,000 miles Dent passenger side rear door the size of a baseball and a 18" scratch on driver side door.		21000.00	Jun 96			Note: our office only requires you to get one estimate of repair. The cost for that estimate is reimbursable if the			fee WILL NOT be refunded when the repairs are made.		
2	1	Repair passenger side dent / Parts				300.00		Note: !!! We can not pay for an engineer's report (Gutachten). This is when an expert looks at your car and tells you			everything that's wrong with it. This report is very expensive, so don't make the mistake of		getting one. YOU WON'T be reimbursed
3	1	Repair driver side scratch / Parts				150.00							
4	1	Paint				300.00							
5	1	Labor				500.00							
6	1	Estimate fee				70.00							
7	1	VAT Form											
						3.00		Note: \$50.00 is the maximum payable limit for transportation, shipping and handling charges before the cost			is actually incurred.		
12. REMARKS			13. TOTAL		\$	1323.00			30. TOTAL AMOUNT ALLOWED		\$	31. THIRD PARTY LIABILITY	

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)									
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
a. NAME			b. POLICY NO.											
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL NUMBER	24. LOT NUMBER					
						16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL	\$				30. TOTAL AMOUNT ALLOWED	\$		31. THIRD PARTY LIABILITY	\$	\$

LEGEND OF ABBREVIATIONS

AC	Amount claimed.
AGC	Agreed cost or repairs in lieu of estimate.
BX-PX	Replacement price through local exchange retail store (rate of depreciation, if applicable, to be included).
CR	Amount paid by carrier prior to settlement of this claim entered on this line and deducted from total amount allowed.
D	Depreciation computed, preceded by appropriate percentage, i.e. 20%D.
DV	Depreciated value awarded – cost of repairs exceeds depreciated value of item (e.g., DV,PX \$100, 75%D).
ER	Estimate of Repair (add exhibit number of repair estimate, ER, EX5).
EX	Exhibit (include appropriate exhibit designation, e.g. EX5)
FR	Flat rate depreciation, preceded by appropriate percentage, i.e., 25%FR
F&R	Fair and reasonable award.
LOV	A loss of value was awarded in lieu of or in addition to the cost of repairs (e.g., \$25LOV)
M/A	Maximum allowable.
N/P	Not payable (appropriate rule for basing denial should be included.
N/R	Not repairable.
OBS	Deduction made for obsolescence (e.g., 15%D + 25%OBS)
PCR	Potential carrier recovery deduction made (failure of claimant to notify authorities in a timely manner).
PED	Preexisting damage (percentage to be included, e.g., 30%PED).
PP	Purchase price.
RC	Reasonable replacement cost applied (rate of depreciation, if applicable, to be included in block).
SV/N	Salvage value – beyond economical/reasonable repair, no salvage value, turn in not required.
SV/R	Salvage value – beyond economical/reasonable repair, some salvage value, claimant elected to retain item (e.g. 75%D, \$35 SV/R).
SV/T	Salvage value turn-in required (amount of salvage value to be entered).

NEW ARMY CLAIMS POLICY ON PRIVATE INSURANCE

1. If you have a private insurance policy that may cover all or part of your loss, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, **IF** your claim is for a loss or damage to your personal property while it was being transported or stored at government expense. This is a change to our past policy. The change is limited to this type of claim, because we can usually recover the amount paid to the claimant from the carrier or warehouse that is responsible for the loss or damage.

2. On all other types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you **MUST FILE** with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid .

3. **You may not be paid by both the Army and your private insurance company for the same item.** This would be unjust enrichment and possibly fraud.

a. When you file a claim with the Army, you assign (i.e. transfer) your right to seek payment from anyone for any items that are on your Army claim. You also must tell the Army, under penalty of perjury, whether you have filed a claim with a private insurance company. If you have filed a claim with your private insurance company, you will have to tell us how much the insurance company paid and for which items they paid.

c. If you are paid for an item by the Army and then file with the insurance company, the insurance company may pay you, but the Army will learn about this second payment. Insurance companies, after paying claims for goods lost during government shipments or storage, report to the Army what they have paid so that the Army can recovery that amount from the responsible carrier or warehouse on their behalf.

4. If you elect not to file against your private insurance, then you generally will have to accept the settlement of your claim with the Army as your full compensation. Therefore, if you are in any doubt as to the best way to proceed, you should file and settle a claim with your insurance company first, for the items that are covered by your policy, and then file your claim with the Army for the remaining items.

5. **Why would you file with your private insurance, if you do not have to?**

a. If you have a catastrophic loss, it is possible that you will not be fully compensated by the Army. There are limits on both the total amount that the Army can pay (\$40,000 in most cases) and limits on how much we will pay for most types of property. For example, the Army will usually not pay more than \$3,000 for any item of furniture or more then \$4,000 for any computer, its software, and accessory equipment. However, you should check you insurance policy for similar limits imposed by your insurance company.

b. Your private insurance may pay you more than the Army will pay, especially if your policy includes a provision or endorsement that requires the insurance company to pay full replacement value (i.e. new-for-old) rather than the fair market (i.e. depreciated) replacement value.

c. In addition, your private insurance may pay for items for which the Army will not pay you. For example, we will not pay for items that are purchased or used for a private business. We will try and recover for those items from the carrier, and, if successful, we will send that amount to you. But this may take several months. If these items are covered by your insurance policy, you will probably receive payment faster from your insurance company.

d. Your insurance company may not require the same number of estimates or the same amount of substantiation that the Army requires you to submit with your claim.

6. Why not file with private insurance first?

a. Most insurance policies that cover goods in transportation or storage, pay only for lost or destroyed items. They usually do not pay for repair of damaged items. Therefore, if you have both lost and damaged items, you would have to file two claims, one with your insurance and one with the Army, to be fully compensated. It may be easier and faster just to file a single claim with the Army, if you are willing to accept the depreciated replacement cost for lost or destroyed items.

b. While insurance companies may not raise your rates merely because you file a single claim, they do consider how often you have filed claims in the past few years when deciding whether to renew a policy or to issue you a new policy. Each insurance company may use different criteria, but it has been reported to the Army that some will refuse to insure someone who has filed three claims in the past two years. Most property insurers submit their claims information to a central data base, which is shared with other companies. So each insurance company will know about claims submitted to other companies. Army claims information is not submitted to this central data base and a claim submitted to the Army should not be considered by private insurance companies.

c. If your loss is relatively small or is only for a few damaged items, you usually will be adequately paid by the Army. Insurance coverage should be used to pay for relatively large losses that are not likely to be paid in full by the Army.

7. Frequently Asked Questions.

Q. If I file a claim with my insurance company first, and they do not pay me for an item, can I then file a claim with the Army for that item?

A. Yes. Although we may also decide to deny payment for that item, you can file with the Army and ask the Army to evaluate payment for the item under our regulations.

Q. If I file with my insurance company first, and they pay me for an item but do not pay the full amount because of my deductible, can I file a claim for that deductible amount?

A. Yes. You can file a claim with the Army for that item, but the Army does not automatically pay a deductible. The Army claims adjudicator will determine what the Army would have paid for that item. If the amount we would have paid is more than the amount you actually received from your insurance company, then we will pay the difference between what you received and what we would have paid. But if we would have paid less than what you actually received, we will not make any additional payment. In this regard, we consider any amount that an insurance company holds back until you submit proof of actual purchase to be part of the amount that you actually received from the insurance company.

Q. If I file a claim with the Army, but the Army denies payment for an item, or if I am not happy with what the Army pays me, may I then file a claim with my private insurance company?

A. Usually not, although some exceptions may be made on a case by case basis. In those exceptional cases, the soldier would have to return any money paid by the Army on items that might have been paid by insurance, before the Army will release the claim back to the soldier. The purpose of giving soldiers the option of not filing with their insurance is to simplify the recovery process and limit the number of claims soldiers have to file against their insurance. Permitting soldiers to go back to their insurance companies after they are paid by the Army, would defeat the purpose of this new policy and would greatly complicate and delay resolution of a claim. Therefore, soldiers should carefully evaluate the nature and extent of their loss before they elect not to file a claim against their private insurance.

Q. Are claims that I file with the Army under the Personnel Claims Act considered by insurance companies as part of my claims history?

A. Insurance companies should not consider Army claims on the same basis as a claim against an insurance company, as the Army program is a gratuitous payment program and not an insurance program. We do not share our claims data with the insurance industry. If you file a claim with your private insurance company for loss or damage to your goods while in a government funded shipment, your insurance company will usually assume that you will be filing a claim with the Army. They will contact us and request that we recover from the carrier on their behalf. But if they want specific information about a person's claims history or a specific claim, they must provide us a written release from that person giving us permission to release that information. If an insurance company requests claims information under the Freedom of Information Act, we withhold the names and social security numbers of the claimants.

LIST OF AUTO REPAIR SHOPS

The repair shops listed below will provide an estimate of repair for specific types of vehicles as indicated. This list is provided to you as an additional service of this office. It is not a recommendation or endorsement of any particular company. A fee may be charged for their service, which is reimbursable if your claim is approved.

BODY WORK ON ALL POVS

**Karosserie und Lackierfachbetrieb
Ulz GmbH**
Rübezahweg 10
70567 Stuttgart-Möhringen
Tel. 0711 7186666

Autohaus Brixner
Dieselstrasse 22
70771 Leinfelden-Echterdingen
Fax: 0711 79098201
Tel: 0711-790-98263

Visher Karosseriebau GmbH
Industriestrasse 64
70565 Stuttgart-Vaihingen
Tel: 0711-78074-0
Fax: 0711-780-7433

Karosserie Dieruff
Chemnitzer Strasse 5
70597 Stuttgart-Degerloch
Tel: 0711-7272373
Fax: 0711-72723750

PARTS REPLACEMENT

AAFES Garage
Panzer-Kaserne
Tel: 07031-15362
DSN: 431-2362

GLASS REPAIR ON ALL POVS

A.T. ISER Autoglas
Plieninger Strasse 90
70567 Stuttgart
Tel: 0711-7220980